



# PREVAILING WAGE DETERMINATION FORM

Foreign Labor Certification Program

Virgin Islands Department of Labor

<b>Representative Firm/Employer Requesting P.W. Information</b> (include address):	<b>Phone Number:</b> (     )     -
	<b>FAX Number:</b> (     )     -
<b>Contact Person:</b>	

<b>Employer Name:</b>
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<b>City and State where <i>Applicant</i> Will Work:</b>
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<b>Nature of Employer's Business Activity:</b>	<b>Job Title:</b>	<b>Offered Rate of Pay:</b> \$ Per
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<b>Job Duties to be Performed</b> (describe fully here):
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<b>College Education</b> (# of years):	<b>Special Requirements</b> (skills, licenses or certifications):
<b>College Degree Required</b> (specify):	<b>O*NET Occupational Code</b> (optional):
<b>Specific Specialty:</b>	<b># Years of Experience Required for the Position:</b>

<b>Training Required</b> (type and length of training):
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<b>Occupational Title of Person Who Will Be Applicant's Immediate Supervisor:</b>	<b># of Employees Applicant Will Supervise:</b>
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<b>Check here if you are submitting an:</b> <input type="checkbox"/> <b>Alternate Survey</b> - Survey Name: _____ <input type="checkbox"/> <b>Collective Bargaining Agreement</b>
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**↓ TO BE COMPLETED BY VIDOL FOREIGN LABOR CERTIFICATION PROGRAM ↓**

<b>Prevailing Wage Assigned:</b> \$	<b>Level:</b> 1     2     3     4	<b>S.O.C. Code:</b>	<b>S.O.C. Title:</b>
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<b>Coordinator:</b>	<b>Date Issued:</b>
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**NOTE: This rate is valid for filing applications and attestations for at least 90 days *but not more than one year* from the date of the determination.**

<b>Please MAIL <u>or</u> FAX to:</b>	Joan-Ann Anthony Foreign Labor Certification Program Virgin Islands Department of Labor P.O. Box 302608 St. Thomas, VI 00803	Phone: (340) 776-3700 FAX: (340) 714-4994
<b>Additional Information:</b>	<a href="http://www.vidol.gov">http://www.vidol.gov</a>	